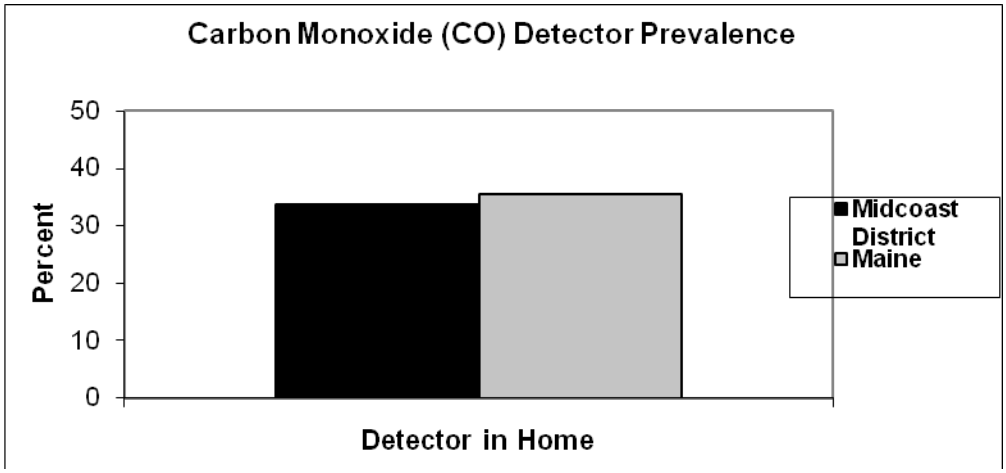
MIDCOAST DISTRICT: Environmental Health

Carbon Monoxide Detector in Home

In Maine there are about 150 Emergency Room visits for carbon monoxide poisoning each year.

Having a carbon monoxide (CO) detector in the home can prevent injury and death from exposure to carbon monoxide.

Improved monitoring of exposures to carbon monoxide is a national objective in *Healthy People 2010*. Data is tracked by Maine CDC's Environmental Health program. To find out more about carbon monoxide exposures in Maine: www.maine.gov/dhhs/eohp/air/co.htm



*Source: 2004 BRFSS. Respondents answering 'yes' to ":A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?

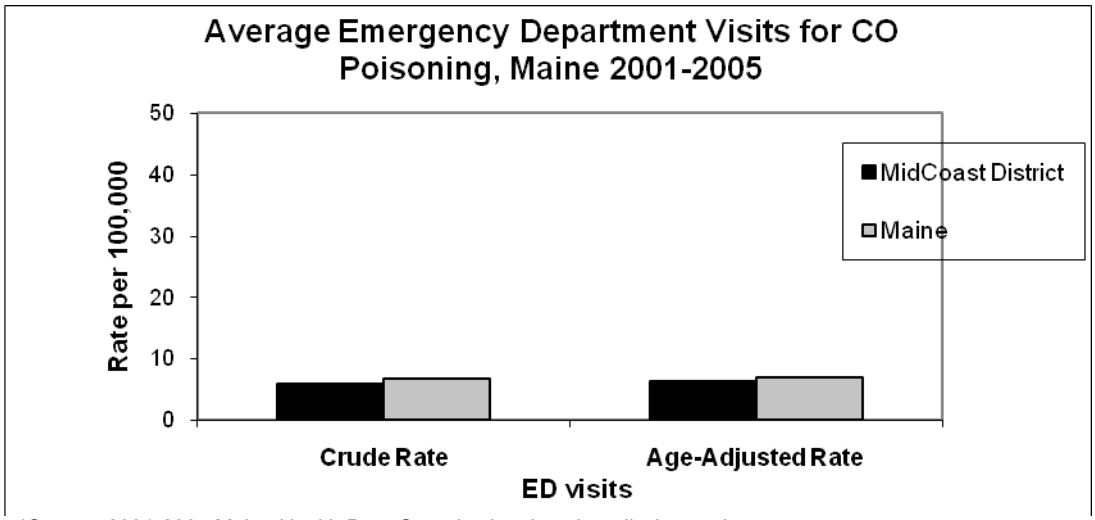
	Midcoast District Percent (± Margin of Error)	Maine State Percent (± Margin of Error)
Homes with carbon monoxide detector*	33.7 (± 3.7)	35.5 (±1.7)

*Source: 2004 BRFSS. Respondents answering 'yes' to ":A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?

Emergency Department Visits for Carbon Monoxide (CO) Poisoning

In Maine there are about 150 Emergency Room visits for carbon monoxide poisoning each year. Carbon monoxide poisoning is almost entirely preventable.

Improved monitoring of exposures to carbon monoxide is a national objective in *Healthy People 2010*. To find out more information about carbon monoxide go to: www.maine.gov/dhhs/boh.



*Source: 2001-2005 Maine Health Data Organization, inpatient discharge data.
Note: Data presented are for unintentional, non-fire related CO poisonings.

	Midcoast District Age-Adjusted Rate (± Margin of Error)	**Maine State Age-Adjusted Rate** (± Margin of Error)
ED visit rate for CO poisoning*	6.3 (± 1.9)	6.9 (±0.7)

Source: 2001-2005 Maine Health Data Organization, inpatient discharge data.
Note: Data presented are for unintentional, non-fire related CO poisonings.

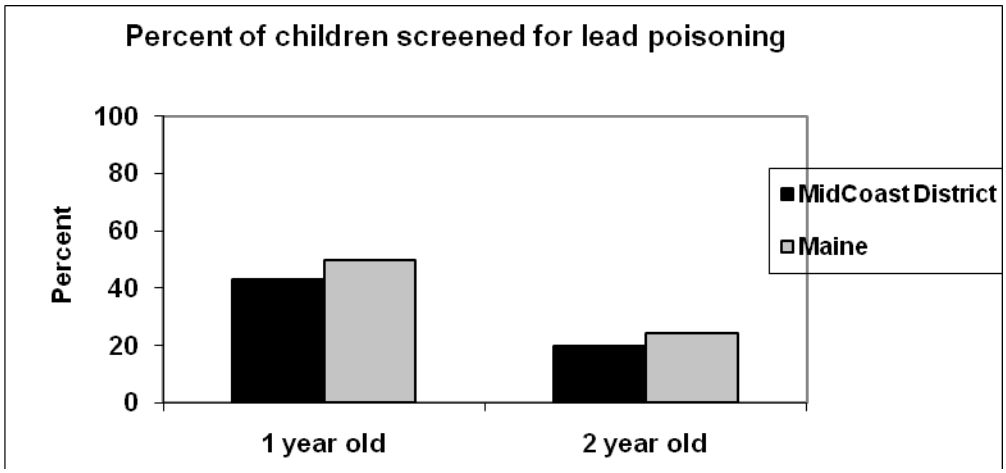
Children Screened for Lead Poisoning

Children at risk of lead poisoning are mandated by Maine legislation to be screened at 1 and 2 years of age.

Children enrolled in MaineCare as well as all children potentially exposed to lead in their home or elsewhere are considered at risk for lead poisoning and must be screened.

The goal of screening is to identify children with lead poisoning who need interventions to reduce the level of blood in their system.

To find out more about Childhood Lead Poisoning go to: www.mainepublichealth.gov.



Source: Health and Environmental Testing Laboratory (HETL) data.
Note: Screening defined as blood lead tests of children who have not previously been identified as having lead poisoning.

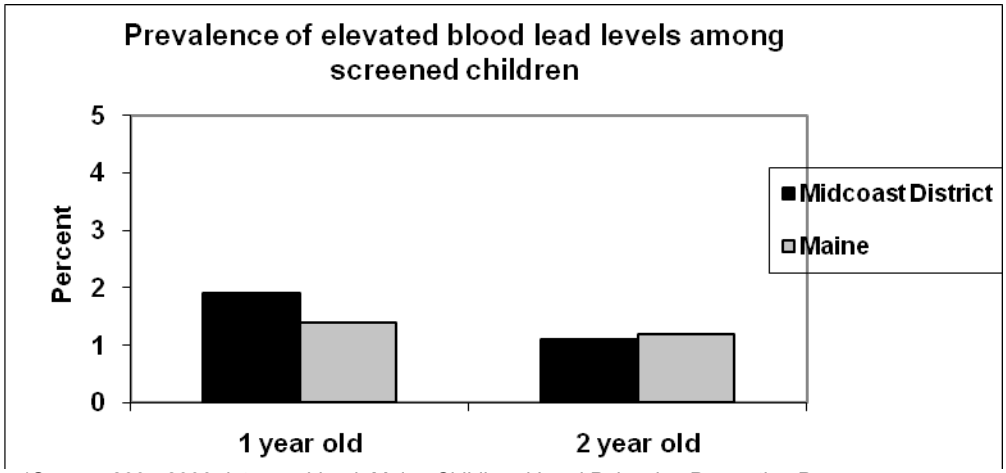
	MidCoast District Percentage (± Margin of Error)	**Maine State Percentage** (± Margin of Error)
Percent of 1 year old children screened	43.0 (±2.4)	49.8 (±0.8)
Percent of 2 year old children screened	19.7 (±2.0)	24.2 (±0.7)

Source: Health and Environmental Testing Laboratory (HETL) data.
Note: Screening defined as blood lead tests of children who have not previously been identified as having lead poisoning.

Children with Elevated Blood Lead Levels

Blood lead levels (BLLs) as low as 10 µg/dl are associated with harmful effects on children's learning and behavior. It is estimated that statewide, there are 1,200 children age 1 to 5 years that have BLLs ≥ 10 µg/dl.

Children at 1 and 2 years of age are at greatest risk for elevated BLLs because of their increasing mobility and normal hand-to-mouth activity. To see more about Childhood Lead Poisoning go to: www.maine.gov/dhhs/boh/eohp.



*Source: 2005-2006 data combined, Maine Childhood Lead Poisoning Prevention Program.
Note: Percent based on the number of children screened with confirmed elevated blood lead levels. Elevated blood lead level defined as having a blood lead level of ≥ 10 µg/dl .

	Midcoast District Percent (± Margin of Error)	**Maine State Percent** (± Margin of Error)
Prevalence of elevated blls among screened 1 year old children*	1.9 (±0.8)	1.4 (±0.2)
Prevalence of elevated blls among screened 2 year old children*	1.1 (± 1.0)	1.2 (±0.3)

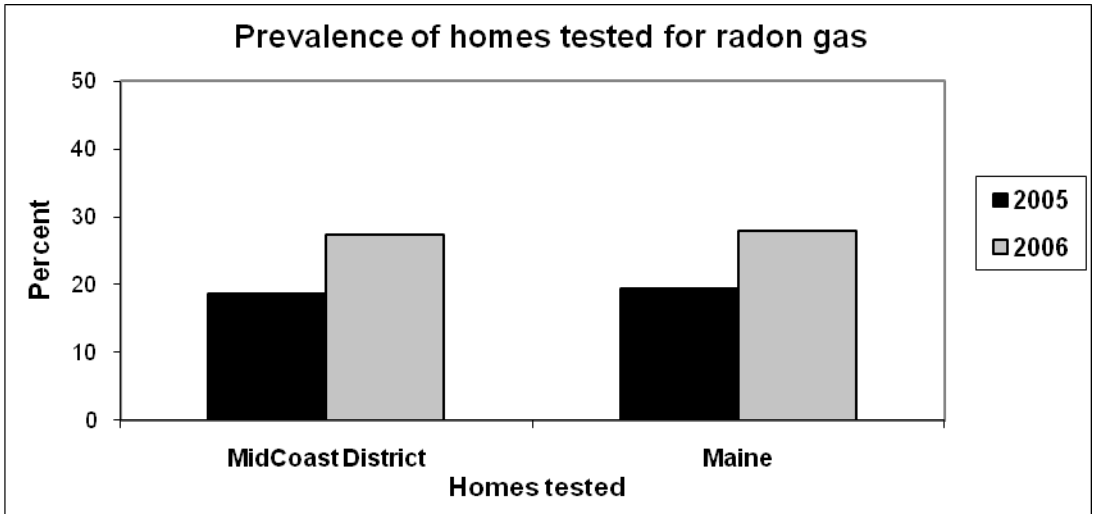
* Source: 2005-2006 data combined, Maine Childhood Lead Poisoning Prevention Program.
Note: Percent based on the number of children screened with confirmed elevated blood lead levels. Elevated blood lead level defined as having a blood lead level of ≥ 10 µg/dl

Homes Tested for Presence of Radon Gas

Radon is an odorless and colorless gas and exists in varying concentrations in geographic areas of Maine. Radon is the leading cause of lung cancer among nonsmokers.

Forty-six (46%) percent of homes in the Midcoast District had levels of radon (>2pCI/L) in their home where actions should be considered to reduce radon. Radon levels in twenty-one (21%) percent of homes in the same district were high enough (4pCI/L or higher) where action should be taken to reduce radon levels.

Increasing the number of Maine homes tested for radon is an objective of *Healthy Maine 2010.* To find out more information about radon in the home go to: www.maine.gov/dhhs/eng/rad/Radon/hp_radon.htm



*Source: 2005-2006 BRFSS. Respondents answering 'yes' to ":Has your household air been tested for the presence of radon gas?"

	Midcoast District (± Margin of Error)	**Maine State** (± Margin of Error)
Prevalence of homes tested for radon gas*		
2005	18.7 (±3.1)	19.5. (±1.4)
2006	27.4 (±3.5)	28.0 (±1.6)

*Source: 2005-2006 BRFSS. Respondents answering 'yes' to "Has your household air been tested for the presence of radon gas?"

Health Inspection Program

Public eateries and lodging places are required to address food safety and security, and environmental sanitation to prevent food borne illness and the spread of infectious disease. Body artists working in tattoo parlors must provide proper facilities, equipment, and procedures to assure compliance with health regulations to prevent the transmission of certain infectious diseases. Such services have a wide impact in protecting the health of individuals and the health of the community's businesses and environment.

Establishments are required to apply for licenses and approvals and submit to periodic inspections. Applicants need to be educated to identify risks and take the right action to prevent or correct problems. The public needs education and information about licensing and inspection information.

The Health Inspection Program in the Maine CDC assists licensees with technical and administrative assistance, and provides licensing and inspection data to the public and stakeholders upon request. FMI contact: www.mainepublichealth.gov

Midcoast District				
Total Number of Eating and Lodging Place Licenses Issued per Year	**Total Number of Body Artist Licenses Issued per Year**	**Total Number of Eating and Lodging Place Inspections per Year**	**Total Number of Body Artist Inspections per Year**	**Total Number of Failed Inspections per Year**
1,317	22	395	13	39

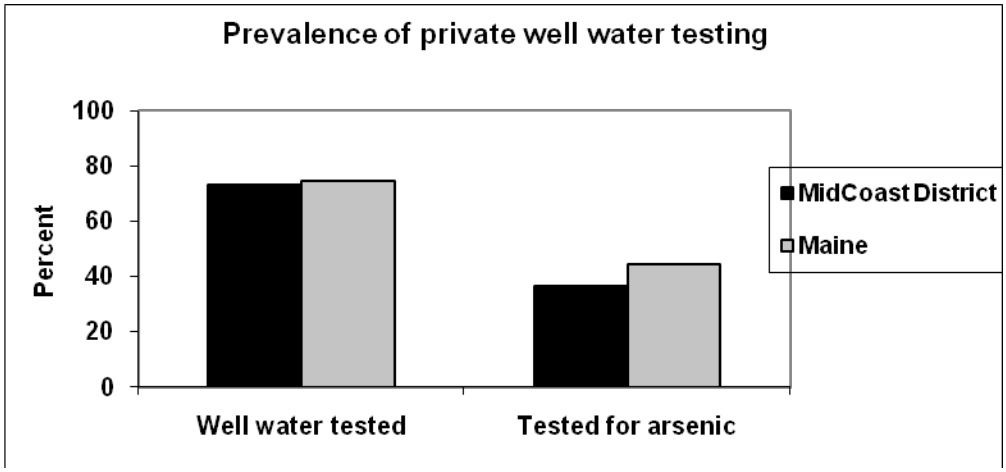
Source: Maine CDC Health Inspection Program 2005.

Private Well Water Testing

More than half of Maine's population relies on a private well for their drinking water.
Many Maine wells have unsafe levels of arsenic, radon, and uranium - chemicals that can cause cancer or other health effects.

Testing is the only way to know if the well water is safe to drink.

To find out more about drinking water and where to get water test kits in Maine go to:
www.wellwater.maine.gov/



*Source: 2003 Behavioral Risk Factor Surveillance System (BRFSS).

	Midcoast District Percent (± Margin of Error)	**Maine State Percent** (± Margin of Error)
Homes with private well water tested*	73.0 (±6.8)	74.6 (±2.7)
Homes with private well water tested for arsenic*	36.6 (±9.4)	44.6 (±3.9)

*Source: 2003 Behavioral Risk Factor Surveillance System (BRFSS).

Public Drinking Water Systems

Safe drinking water is essential to protecting good human health. Maine citizens and visitors enjoy access to excellent quality drinking water from many lakes, rivers and underground aquifers. More than 2,000 public water systems provide drinking water to over half of Maine's population and many guests.

Local public water systems must comply with the federal Safe Drinking Water Act and state regulations, including protecting source water areas and maintaining or improving local water system infrastructure. Communities can take charge by working together to protect shared drinking water sources.

The Maine Drinking Water Program in the Maine CDC assists communities with technical assistance, grants and funding. FMI contact: www.mainepublichealth.gov

Total Number of District Community Water Systems	Total District Population Served by Community Drinking Water Systems
45	75,133

Total Number of District Water Quality Violations Documented in 2006	Total Number of District Systems in Which Violations Occurred	Total District Population Served by Community Water Systems with a Violation(s)
12	9	10,251

Percent of District Community Water Systems Meeting all Health Based Standards	Percent of Maine Community Water Systems Meeting all Health Based Standards
80.00%	79.84%

Percent of District Population Served by Community Water Systems Meeting all Health Based Standards	Percent of Maine Population Served by Community Water Systems Meeting all Health Based Standards
86.36%	86.74%

Total Number of District Community Water Systems with a Wellhead Protection Plan	Total Population Served by District Community Water Systems with Wellhead Protection
42	39,834

Percent of District Community Water Systems with Source Water Protection in Place	Percent of Maine Community Water Systems with Source Water Protection in Place	Percent of Maine Population served by Community Water Systems with Source Water Protection in Place
87.50%	83.72%	78.49%

Subsurface Wastewater Disposal Systems

(Septic Systems)

Proper handling and disposal of domestic sanitary wastewater is critical to prevent the spread of bacterial and viral diseases to individuals and entire communities.

Septic systems must be installed correctly and work properly over time. But maintenance is costly, and system repair or replacement may be postponed for too long. All Maine municipalities are required by statute to have a local plumbing inspector and code enforcement officer. Not all towns have full time code enforcement officers; and code enforcement may vary from town to town.

Persons or organizations who need to install a new (or replace an existing) subsurface wastewater disposal system must hire a licensed site evaluator and get a permit from the municipal local plumbing inspector who will perform construction inspections.

Maine CDC's Subsurface Wastewater Program assists communities with technical and administrative assistance. It licenses people who design subsurface wastewater disposal systems. It conducts a voluntary certification program for system installers and people who conduct real estate transfer inspections. FMI contact: www.mainepublichealth.gov

Total Number of Subsurface Wastewater System Permits issued per year in Midcoast District	Total Number of Internal Plumbing Permits Issued per Year in Midcoast District	Total Number of Licensed Site Evaluators Currently Residing in Midcoast District	Total Number of Real Estate Transfer System Inspections Performed per Year in Midcoast District	Total Number of Voluntarily Certified Inspectors Working in Midcoast District
1,750	2,200	37	566	31